

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590,560

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3	2					
4	1		1			
5	1					
6	1					
7	1					
8	1					
9	1					
10	1		1			
11	1					
12	1					
13	2					
14	1		1			
15	1					
16	2					
17	1					
18	1		1			
19	1					
20	1		1			
21						
22	1					
23	1					
24	2					
25	1					
26	1					
27	1					
28	1					
29						
30	1					
31						
32						
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47						
48						
49						
50						
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	32	←	6	←		←
TOTAL CLAIMS	34	[REDACTED]	7	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]